STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REGISTRAR'S NO. STATE FILE NO.

This is a Legal Record and will be Permanently Filed

Write Plainly

Use Typewriter or Unfading Ink

All items to be complete and accurate

Physician Must sign Personally

Send original Certificate to Local Registrar Immediately

Physicians should State Cause of Death in plain terms

1. PLACE OF DEATH
a. COUNTY: Wasatch
b. CITY, TOWN, OR LOCATION: Heber City
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 260 E. 1 N.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Utah
b. COUNTY: Wasatch
c. CITY, TOWN, OR LOCATION: Heber City
d. STREET ADDRESS: 260 E. 1 N.
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): First: Emma Middle: Davis Last: Jordan

4. DATE OF DEATH (Month Day Year): Nov. 15, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: May 7, 1876

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkhorn, Wasatch, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Mary Goddard

NAME OF SPOUSE: George Borlan Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mr. J. W. Jordan, Heber City, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Decompensation	1wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	5yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): none

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): none

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to 15 Nov. 1965 and last saw her alive on 15 Nov. 1965
Death occurred at 3:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Raymond Green MD.

22b. ADDRESS: Heber Utah

22c. DATE SIGNED: 11-15-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 18, 1965

23c. NAME OF CEMETERY OR CREMATORY: Heber City Cemetery

23d. LOCATION (City, town, or county) (State): Heber City, Utah

24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] Olpin-Heber City

25. DATE RECD. BY LOCAL REG.:

26. REGISTRAR'S SIGNATURE:

Funeral Director's No. 275

Embalmer's No. 377

SDH-VS-12R-5/64